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Weekly

Bulletin

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GUY P. JONES
EDITOR

THE PUBLIC HEALTH NURSE AND THE HEALTH OFFICER.*

By WALTER M. DICKIE, M.D., Secretary and Executive Officer, California State Board of Health.

It always seems paradoxical to me, that, upon most public health convention programs, someone is scheduled to speak upon the value of the public health nurse. I sometimes wonder why we do not have papers presented upon the value of the health officer, or of the sanitary inspector, or of the bacteriologist. The fact that many health executives are still emphasizing the importance of the public health nurse, from the standpoint of propaganda, indicates two things: first, the comparative newness of public health nursing in the public health program; and second, the self-evident value of the trained public health nurse in public health administration. The remarkable growth of public health nursing is one of the most outstanding features of public health in the United States. Eight or ten years ago there were not more than six public health nurses employed in California. I do not know how many there are today, but I believe that there are fully eight hundred public health nurses employed in this state at the present time.

It seems rather fallacious, then, for anyone to rise before a group of public health nurses and tell them how important they are. Nevertheless, there are many communities in California where public health nurses are not known. This

applies mostly to the rural districts, however; nearly all cities have trained public health nurses at work within their confines.

The State Board of Health has been particularly active during recent years in helping counties to establish full-time health units. The minimum personnel for such a unit consists of health officer, public health nurse, sanitary inspector and office assistant. In such a scheme the public health nurse is always the health officer's chief ally. A qualified health officer with a trained public health nurse can accomplish almost all that there is to be accomplished, in a public health way, in the average rural community.

As a demonstration of this I may cite the results of an immunization campaign conducted by a full-time health officer and a nurse in one of our California counties. Within a very short space of time, no less than seven thousand individuals were vaccinated against small-pox and considerably more than two thousand children were immunized against diphtheria. The work was conducted quietly by these two individuals, without any opportunity for opposition to arise. The cost was extremely low and the immunization done in this campaign, added to those that had already been undertaken, has made the majority of the people in the district immune against these diseases. Without the public health nurse

*Address before Institute for Public Health Nurses at the University of California, Berkeley.

great difficulty would have been experienced in carrying on this work.

The service of the public health nurse in epidemiological work can not be underestimated. A skilled epidemiologist can enter an epidemic with a public health nurse; within a very short time, generally, he will have completed his investigation, determined the probable source of the outbreak, leaving a nurse in charge of control measures. It has been our experience that an intelligent, trained, tactful public health nurse, one who is willing to be under supervision and who will act uniformly under orders, is the health officer's most valuable ally.

Most California communities have health officers who serve upon a part-time basis. Most of these are practitioners of medicine—men who are dependent for their bread and butter upon the practice of their profession. They are in active competition with other practitioners. It is exceedingly difficult for them to reconcile public health work with private health work. The tactful public health nurse, one who appreciates the difficulties of such a health officer, is able to be of the greatest assistance to such an official. It is true that many of these part-time health officers have not had the benefit of the newer training in public health. Nevertheless, they command the respect and are entitled to the confidence of the communities in which they reside. If they did not possess worth while attributes they would not have been chosen health officers of their respective communities. Some public health nurses employed under such conditions have failed to recognize the difficulty of the part-time official; have failed to measure him up correctly; and have met only with wilful disaster in carrying on their activities. If public health nurses who come into contact with part-time health officers were to recognize some of these factors and adjust themselves to meet the conditions that they encounter they would meet with far greater success. It must be remembered that public health is comparatively new everywhere and that many of our most highly respected and most worthy health officers are of the old regime. Failure to use tact and courtesy in dealing with such men retards the advance of public health in the community and injures public health nursing irreparably.

The discussion of practical public health nursing subjects at this institute impresses me with the fact that the public health nurse has fully arrived. When a group of workers can get together for a period of two weeks and engage in

"shop talk" it is a clear indication of their status. The interest displayed at this institute is encouraging to all of us who are engaged in public health work. The fact that so many employed public health nurses are willing to devote two weeks of the year to self improvement through the discussion of nursing problems indicates that there is no need to worry concerning the future of public health nursing in this state. I sincerely hope that the State Board of Health, in conjunction with the Summer Session of the University of California, may continue to make these institutes of sufficient value that you may all want to come again another year. If the State Board of Health can provide any additional service to advance the interests of nurses it will be most willing to do so. Your problems are our problems; your work is our work. It is only through the exchange of ideas that we are able to progress. Our reward may not be great, but if we are assured that Californians suffer less disease, that children become better prepared for life's battles and that living in this far western state becomes more worth while for all of us, we shall have gained our greatest reward.



Changes Announced In Health Offices.

Dr. C. B. Constable has been appointed city health officer of Lompoc to succeed Dr. M. S. Kelliher.

Mr. Joseph Silvas has been appointed city health officer of Firebaugh to succeed Mr. Thomas B. Gaines.



Dr. Chesley Coming To Health Conference.

Dr. A. J. Chesley, secretary of the Minnesota State Board of Health and one of the most outstanding figures in American public health, will address the health officers of the state at the Yosemite conference to be held August 16 to 20. Dr. Chesley has served in the public health department of his state for twenty-two years, having begun this service while a medical student in the state university. He was an epidemiologist in the American army in France and was also a member of the American Red Cross Commission to Poland. He holds many important offices in American health organizations. His Yosemite address will deal with the control of communicable diseases.



In dealing with cancer delay is not merely dangerous; it is fatal.—Dr. George A. Soper.

Riverside City Joins Health Unit.

The following outline of the organization of public health administration in Riverside County is reprinted from the *Banning Record*:

Of general interest is the announcement that Riverside City, after many years of urging, has joined the county authorities in inaugurating a comprehensive and county-wide public health service with Dr. W. B. Wells of Riverside at the head. Dr. Wells has always been greatly interested in public health work and is giving up an extensive private practice in order to accept the call to public service.

A state public health nurse will begin services in this county next week, according to Dr. Wells, as a result of a conference in Los Angeles with Dr. Walter Dickie, secretary of the State Board of Health.

Dr. Wells is both the Riverside city health officer and county health commissioner. Plans were discussed at the conference for merging of the two offices. This program will be put into effect at once.

The various health departments and programs for city and county will be handled from one office with a great saving in personnel and expense.

EFFICIENCY ASSURED.

Better efficiency may be expected, declares Dr. Wells, as he has discovered that the county supervisors and school boards have been handling health matters through various departments. Hearty accord with the new plan has been the attitude of the supervisors.

INTRODUCED BY CITY BOARD.

Merging of the two bodies was introduced recently by the Riverside city health board. The county health commissioner is backed by the Rockefeller Foundation, originally a department created by the county board of supervisors. As one office, its influence will be much increased, with the state, the foundation and the county sponsoring it. The supervisors are appropriating \$5,000, the foundation \$2,500 and the state \$2,500.

Health centers will be established in Corona, Elsinore, Banning, Beaumont, Hemet, San Jacinto, Coachella Valley and Palo Verde Valley, according to the plan.

MORBIDITY.*

Diphtheria.

102 cases of diphtheria have been reported as follows: Alameda County 1, Berkeley 1, Oakland 15, Fresno 2, Brawley 1, Los Angeles County 7, Compton 1, El Monte 1, El Segundo 1, Long Beach 2, Los Angeles 39, Montebello 1, San Gabriel 1, Santa Monica 2, Maywood 2, Riverside County 4, Sacramento 1, San Bernardino 2, San Diego 4, San Francisco 9, San Luis Obispo County 1, South San Francisco 1, Santa Barbara County 1, Santa Clara County 1, Red Bluff 1.

Measles.

152 cases of measles have been reported as follows: Alameda 4, Berkeley 5, Oakland 40, Fresno County 1, Fresno 2, Lakeport 1, Los Angeles County 3, Compton 1, Hermosa Beach 1, Long Beach 4, Los Angeles 16, Monrovia 1, Pasadena 1, Santa Monica 1, Lynwood 1, Maywood 1, Madera County 1, Carmel 1, Pacific Grove 1, Sacramento 1, San Bernardino 1, San Diego 9, San Francisco 38, San Joaquin County 1, Lodi 1, San Luis Obispo County 3, Santa Barbara County 1, Santa Barbara 2, Gilroy 1, San Jose 5, Watsonville 1, Turlock 2.

Scarlet Fever.

59 cases of scarlet fever have been reported as follows: Alameda 1, Berkeley 2, Oakland 3, Los Angeles County 5, Huntington Park 1, La Verne 1, Long Beach 4, Los Angeles 18, Pomona 1, Orange County 1, Newport Beach 2, Santa Ana 1, Sacramento 1, San Bernardino 1, San Diego 2, San Francisco 4, San Joaquin County 1, Tracy 1, San Mateo County 1, Burlingame 1, Redwood City 2, South San Francisco 1, Gilroy 1, Marysville 3.

Smallpox.

10 cases of smallpox have been reported as follows: Oakland 6, Los Angeles 1, Roseville 2, Siskiyou County 1.

Typhoid Fever.

15 cases of typhoid fever have been reported as follows: Fresno County 1, Brawley 1, Los Angeles County 2, Los Angeles 2, Maywood 2, Banning 1, San Bernardino 2, San Joaquin County 4.

Whooping Cough.

48 cases of whooping cough have been reported as follows: Alameda 1, Oakland 10, Los Angeles County 8, Alhambra 1, Long Beach 3, Los Angeles 5, Monrovia 3, Pasadena 5, Fullerton 1, San Diego 2, San Francisco 4, San Luis Obispo County 2, Santa Barbara County 3.

Meningitis, Epidemic.

2 cases of epidemic meningitis have been reported as follows: Alameda County 1, Los Angeles 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported as follows: Los Angeles 1, Orange County 1.

Encephalitis, Epidemic.

2 cases of epidemic encephalitis have been reported as follows: Oakland 1, Santa Monica 1.

*From reports received on July 26th and 27th for week ending July 24th.



Unless posture is taken into serious consideration in the health examination and specific directions given for correcting it when wrong very little progress can be made in health building.—Harriet Wilde.

COMMUNICABLE DISEASE REPORT.

	1926				1925			
	Week ending			Reports for week ending July 24 received by July 27	Week ending			Reports for week ending July 25 received by July 28
	July 3	July 10	July 17		July 4	July 11	July 18	
Anthrax.....	0	0	0	0	0	0	0	0
Chickenpox.....	118	100	73	43	71	71	48	43
Diphtheria.....	114	104	94	102	83	62	63	57
Dysentery, Bacillary.....	7	1	1	0	2	5	0	1
Encephalitis, Epidemic.....	6	2	2	2	4	8	2	1
Gonococcus Infection.....	111	94	114	88	95	90	66	87
Influenza.....	5	3	4	4	12	5	6	4
Jaundice, Epidemic.....	0	0	0	0	0	0	0	0
Leprosy.....	0	1	1	0	1	1	1	1
Malaria.....	1	3	1	2	5	2	3	1
Measles.....	330	270	236	152	34	34	34	28
Meningitis, Epidemic.....	6	7	5	2	1	3	1	2
Mumps.....	83	81	70	50	80	83	60	85
Paratyphoid Fever.....	1	1	1	0	0	0	0	0
Pneumonia, Lobar.....	89	14	22	25	36	66	25	25
Poliomyelitis.....	3	4	2	2	22	25	49	48
Rabies (animal).....	2	11	5	5	1	2	5	0
Rabies (human).....	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	90	73	72	59	66	60	44	41
Smallpox.....	6	17	21	10	63	67	60	48
Syphilis.....	148	145	107	97	179	70	110	108
Tetanus.....	0	0	2	1	0	2	3	0
Trachoma.....	0	0	2	0	0	0	8	0
Trichinosis.....	0	1	0	0	0	0	0	0
Tuberculosis (all forms).....	219	148	178	136	215	135	136	142
Typhoid Fever.....	25	24	31	15	22	20	22	30
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	94	62	65	48	168	244	158	179
Totals.....	1,458	1,166	1,109	843	1,160	1,055	904	931

COMMUNICABLE DISEASES BY AGE GROUPS—JUNE 1926.

Disease	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55+	Adult
Anthrax.....								1			
Chickenpox.....	28	158	536	85	11	12	10	2	3	1	8
Diphtheria.....	7	119	180	58	25	23	35	24	8	2	4
Dysentery, bacillary.....	3	4									
Encephalitis, epidemic.....			1	1				1	4		
Erysipelas.....	2	1	1	1			4	3	3	7	
German Measles.....	2	5	16	8	2						
Gonococcus infection.....	3	8	10	4	48	137	152	39	12	4	30
Jaundice, epidemic.....		1		2	1						
Leprosy.....					1						
Malaria.....							3			3	
Measles.....	45	499	1290	146	28	8	7	7	2	2	15
Meningitis, epidemic.....	4	3	2	3	2	3	1		1		
Mumps.....	1	80	396	195	83	21	3	14	3	3	15
Paratyphoid fever.....	1										
Pellagra.....							1	1	2	3	
Pneumonia, lobar.....	21	10	7	10	6	13	13	27	32	62	1
Poliomyelitis.....	1	8	4	1	2						
Rocky Mountain spotted fever.....				1							
Scarlet fever.....	6	147	301	76	22	9	19	9	1		3
Smallpox.....	2	8	19	11	15	10	13	10	7	4	2
Syphilis.....	5	9	10	11	21	82	151	122	68	46	16
Tetanus.....			1	1	1		1	1	1		
Trachoma.....		1	4	2		1	1	1			
Trichinosis.....								1			
Typhoid fever.....		2	30	18	9	8	19	11	4	4	2
Whooping Cough.....	40	153	147	11	1		1				2

CALIFORNIA STATE PRINTING OFFICE